

HHS Privacy Impact Assessment (PIA)

Date of this Submission (MM/DD/YYYY): **11/18/2003**

HHS Agency (OPDIV): **CMS**

Title of System or Information Collection: **Provider Enrollment System (A system family containing 5 systems)**

Is this System or Information Collection new or is an existing one being modified? **Existing,**

UPIN - It is an existing one being modified.

Identifying Numbers (Use N/A, where appropriate)

Unique Project Identifier Number: **FMIB 246 – PECOS, BPA 98-0226 - MED**

System of Records Number: **System No. 09-70-0525 – UPIN, 09-70-0532 – PECOS, 09-70-0524 – IRIS, 09-70-0517, 09-70-0008, 09-70-0530.**

OMB Information Collection Approval Number and Expiration Date: **0938-0685- 01/01/2007 – UPIN, 0938-0685 (02/28/04) – PECOS, OFM 907 – MED.**

Other Identifying Number(s): **Computer Match Agreement Between CMS and SSA (CMA# 2001-05) - PECOS**

Description

1. Provide an overview of the system or collection and indicate the legislation authorizing this activity.

UPIN - Identify all physicians, non-practitioners and medical groups practices, defined by §§ 1124(A), 1861(r), 1842(b)(I)(ii)(iii)(iv)(v)(r), and 1877(h)(4) of The Act who request or receive Medicare reimbursement for medical services.

PECOS - The Medicare Federal Health Care Provider/Supplier Enrollment Application (CMS 855A, 855B, 855I, 855R, and 855S) has been designed by the Centers for Medicare and Medicaid Services (CMS) to assist in the administration of the Medicare program and to ensure that the Medicare program is in compliance with all regulatory requirements. The information collected in this application will be stored in the *Provider Enrollment, Chain and Ownership System* and used to ensure that payments made from the Medicare trust fund are only paid to qualified health care providers, and that the amounts of the payments are correct. The Centers for Medicare and Medicaid Services (CMS) is authorized to collect the information requested on this form by sections 1124(a)(1), 1124A(a)(3), 1128, 1814, 1815, 1833(e), and 1842(r) of the Social Security Act [42 U.S.C. §§ 1320a-3(a)(1), 1320a-7, 1395f, 1395g, 1395(l)(e), and 1395u(r)] and section 31001(1) of the Debt Collection Improvement Act [31 U.S.C. § 7701(c)]. The OMB approval number for this information collection is 0938-0685, and is renewed each time changes are made to the information collected.

MED receives excluded provider data from OIG each month. The data is formatted and verified, and then distributed to all CMS contractors in accordance with sections 1128A & B and 1162(e) of the Social Security Act.

IRIS is comprised of both a mainframe subsystem and a mid-tier subsystem called IRISV3. Teaching hospitals use IRISV3 to log the time worked by interns and residents at their hospitals. This data is tied to the hospitals cost report and is used as a determining factor on how much reimbursement the hospitals get in lieu of care given to Medicare and Medicaid patients. CMS collects the data and produces a periodic duplicate report which points out intrastate overlaps in periods worked by an intern or resident between two or more hospitals.

NPS - This initiative was mandated by the administrative simplification provisions of P.L. 104-191, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA mandates the adoption of a standard health care provider identifier and its assignment to every health care provider that transacts electronically any of the transactions specified in that law.

2. Describe the information the agency will collect and how the agency will use the collected information. Explain how the data collected are the minimum necessary to accomplish the purpose for this effort.

The system contains a UPIN, tax identification, and social security number for each physician, non-physician practitioner and medical group. Also, the system contains information concerning a provider's birth, residence, medical education, and eligibility information necessary for Medicare reimbursement. CMS will collect only that information necessary to perform the system's functions. By uniquely identifying all Part B health professional and practitioners and groups, CMS believes we will eliminate the possibility of double payment. Medicare carriers currently identify physicians, non-physician practitioners and groups using their own systems of assigned numbers.

PECOS - The Medicare Federal Health Care Provider/Supplier Enrollment Application (CMS 855A, 855B, 855I, 855R, and 855S) has been designed by the Centers for Medicare and Medicaid Services (CMS) to assist in the administration of the Medicare program and to ensure that the Medicare program is in compliance with all regulatory requirements. The information collected in this application will be used to ensure that payments made from the Medicare trust fund are only paid to qualified health care providers, and that the amounts of the payments are correct. This information will also identify whether the provider is qualified to render health care services and/or furnish supplies to Medicare beneficiaries. To accomplish this, Medicare must know basic identifying and qualifying information about the health care provider that is seeking billing privileges in the Medicare program. Medicare needs to know: (1) the type of health care provider enrolling, (2) what qualifies this provider as a health care related provider of services and/or supplies, (3) where this provider intends to render these services and/or furnish supplies, and (4) those persons or entities with an ownership interest, or managerial control, as defined in this application, over the provider.

MED - The only data taken from the OIG file is the data required to uniquely identify the provider in order to exclude the right guy (name, ssn, dob), as well as the pertinent exclusion data.

IRIS - Information is collected on 3½ inch floppy disks which are mailed to IRIS system maintainer. The information is used to create a periodic duplicate report and is released for research purposes. The minimum amount of data is collected to facilitate production of reports.

NPS - The system contains a unique identifier for each health care provider (the NPI, which is assigned by the NPS) along with other information about the provider. This information includes other identifiers, name(s), demographic, educational/professional data, and business address data. Only information required for establishing the identity of the health care provider will be collected. The information to be collected was issued in a Notice of Proposed Rulemaking in 1998, and unnecessary data was eliminated in response to comments.

3. Explain why the information is being collected.

This national system or Registry of Unique Physician/Practitioner Identification Number will enable CMS to more readily identify all physicians, non-physician practitioners and groups deemed ineligible for Medicare payments and maintain more comprehensive data on physician credentials.

PECOS - The purpose of collecting this information is to determine or verify the eligibility of individuals and organizations to enroll in the Medicare program as providers/suppliers of goods and services to Medicare beneficiaries and to assist in the administration of the Medicare program. This information will also be used to ensure that no payments will be made to providers or suppliers who are excluded from participation in the Medicare program. All information on this form is required, with the exception of those sections marked as “optional” on the form. Without this information, the ability to make payments will be delayed or denied.

MED - Paying providers that are excluded is bad.

IRIS - The information is collected in order to produce the duplicate report.

NPS - The information is being collected to comply with the requirements of HIPAA in order to assign a unique identifier to every health care provider in the country.

4. Identify with whom the agency will share the collected information.

The government will only release UPIN information that can be associated with each physician, non-physician practitioner and medical group practices as provided for under “Section III. Routine Use Disclosures of Data in the System.” Both identifiable and non-identifiable data may be disclosed under a routine use. Identifiable data includes individual records with UPIN information and identifiers. Non-identifiable data includes individual records with UPIN information and masked identifiers or UPIN information with identifiers stripped out of the file.

Information from these systems may be disclosed under specific circumstances to:

- MS contractors to carry out Medicare functions, collating or analyzing data, or to detect fraud or abuse;**
- A congressional office from the record of an individual health care provider/supplier in response to an inquiry from the congressional office at the written request of that individual health care practitioner;**
- The Railroad Retirement Board to administer provisions of the Railroad Retirement or Social Security Acts;**
- Peer Review Organizations in connection with the review of claims, or in connection with studies or other review activities, conducted pursuant to Part B of Title XVIII of the Social Security Act;**

- To the Department of Justice or an adjudicative body when the agency, an agency employee, or the United States Government is a party to litigation and the use of the information is compatible with the purpose for which the agency collected the information;
- To the Department of Justice for investigating and prosecuting violations of the Social Security Act, to which criminal penalties are attached;
- To the American Medical Association (AMA), for the purpose of attempting to identify medical doctors when the Unique Physician Identification Number Registry is unable to establish identity after matching contractor submitted data to the data extract provided by the AMA;
- An individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, or to the restoration or maintenance of health;
- Other Federal agencies that administer a Federal health care benefit program to enumerate/enroll providers/suppliers of medical services/supplies or to detect fraud or abuse;
- State Licensing Boards for review of unethical practices or non-professional conduct;
- States for the purpose of administration of health care programs; and/or
- Insurance companies, self insurers, health maintenance organizations, multiple employer trusts, and other health care groups providing health care claims processing, when a link to Medicare or Medicaid claims is established, and data are used solely to process provider's/supplier's health care claims.

MED - Medicare contractors.

IRIS - Other government agencies, academic institutions, CMS contractors.

NPS - Disclosure may be made, according to the System of Records:

1. To Federal and Medicaid health plans that are enumerators, their agents, and the NPS registry for the purpose of uniquely identifying and assigning NPIs to providers.

2. To entities implementing or maintaining systems and data files necessary for compliance with standards promulgated to comply with title XI, part C, of the Social Security Act.

3. To a congressional office, from the record of an individual, in response to an inquiry from the congressional office made at the request of that individual.

4. To another Federal agency for use in processing research and statistical data directly related to the administration of its programs.

5. To the Department of Justice, to a court or other tribunal, or to another party before such tribunal, when

(a) HHS, or any component thereof, or

(b) Any HHS employee in his or her official capacity; or

(c) Any HHS employee in his or her individual capacity, where the Department of Justice (or HHS, where it is authorized to do so) has agreed to represent the employee; or

(d) The United States or any agency thereof where HHS determines that the litigation is likely to affect HHS or any of its components,

is party to litigation or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party or interest, provided, however, that in each case HHS determines that such disclosure is compatible with the purpose for which the records were collected.. To an individual or organization for a research, demonstration, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or for the purposes of determining, evaluating and/or assessing cost, effectiveness, and/or the quality of health care services provided.

7. To an Agency contractor for the purpose of collating, analyzing, aggregating or otherwise refining or processing records in this system, or for developing, modifying and/or manipulating automated information systems (ADP) software. Data would also be disclosed to contractors incidental to consultation, programming, operation, user assistance, or maintenance for ADP or telecommunications systems containing or supporting records in the system.

8. To an agency of a State Government, or established by State law, for purposes of determining, evaluating and/or assessing cost, effectiveness, and/or quality of health care services provided in the State.

9. To another Federal or State agency:

(a) As necessary to enable such agency to fulfill a requirement of a Federal statute or regulation, or a State statute or regulation that implements a program funded in whole or in part with Federal funds.

(b) For the purpose of identifying health care providers for debt collection under the provisions of the Debt Collection Information Act of 1996 and the Balanced Budget Act of 1997.

5. Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.

UPIN information on individuals is completed by contractor personnel and submitted to CMS through standard systems located at different locations. CMS will utilize a variety of onsite and offsite edits and audits to increase the accuracy of UPIN data. These individualized systems allow for Physician Identification Numbers (PIN) ranging from 4 to 16 alphabetic and or numeric characters. Without the written consent of the physician, health care practitioner or group practice information in the system of records can only be released if at least 1 of 10 disclosure provisions for routine use is cited. CMS will only disclose the minimum personal data necessary to achieve the purpose of UPIN. CMS will monitor the collection and reporting of UPIN data. UPINs are published in an annual directory. CMS has policies and procedures concerning disclosures of information that will be maintained in the system. In general, disclosure of information from the system of records will be approved only for the minimum information necessary to accomplish the purpose of the disclosure.

PECOS - The information will be collected from all health care providers and suppliers who render services or supplies to Medicare beneficiaries and bill the Medicare program for those services and supplies. This information will be collected via the completion of the CMS 855, Provider/Supplier Enrollment Application. All of this information is conveyed to the providers of the information in writing directly on the CMS 855 and in the certification signature page of the form.

In addition, the supplier of the information is informed of the following:

Computer Data Matching Policy

The enrolling provider or supplier should be aware that the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503) amended the Privacy Act, 5 U.S.C. § 552a, to permit the government to verify information through computer matching.

Protection of Proprietary Information

Privileged or confidential commercial or financial information collected in this form is protected from public disclosure by Federal law 5 U.S.C. § 552(b)(4) and Executive Order 12600.

Protection of Confidential Commercial and/or Sensitive Personal Information

If any information within this application (or attachments thereto) constitutes a trade secret or privileged or confidential information (as such terms are interpreted under the Freedom of Information Act and applicable case law), or is of a highly sensitive personal nature such that disclosure would constitute a clearly unwarranted invasion of the personal privacy of one or more persons, then such information will be protected from release by CMS under 5 U.S.C. §§ 552(b)(4) and/or (b)(6), respectively.

MED - All our data and information comes from OIG. They provide us with a file, and Team MED pulls of the data we require to identify an excluded provider.

IRIS - The information is obtained from Fiscal Intermediaries on 3 ½ inch floppy disks who in turn receive the information from teaching hospitals.

NPS - Information will be obtained through submittal of an application, either through the web or on paper, by providers of health care. There will be a Privacy Act notice on the application describing how the information will be shared.

6. State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)

No information will be collected from children under age 13 on the Internet.

7. Describe how the information will be secured.

UPIN – CMS has safeguards for authorized users and monitors such users to ensure against excessive or unauthorized use. Personnel having access to the system have been trained in the Privacy Act and systems security requirements. Employees who maintain records in the system are instructed not to release any data until the intended recipient agrees to implement appropriate administrative, technical, procedural, and physical safeguards sufficient to protect the confidentiality of the data and to prevent unauthorized access to the data.

In addition, CMS has physical safeguards in place to reduce the exposure of computer equipment and thus achieve an optimum level of protection and security for the UPIN system. For computerized records, safeguards have been established in accordance with the Department of Health and Human Services (HHS) standards and National Institute of Standards and Technology guidelines, e.g., security codes will be used, limiting access to authorized personnel. System securities are established in accordance with HHS, Information Resource Management (IRM) Circular #10, Automated Information Systems Security Program; HCFA Automated Information Systems (AIS) Guide, Systems Securities Policies, and OMB Circular No. A-130 (revised), Appendix III.

PECOS - Users need a valid CMS user id and password to access the system. User ids and passwords are authenticated through CMS.

MED, IRIS - The data is housed on the CMS mainframe.

8. Describe plans for retention and destruction of data collected.

CMS and the repository of the National Archive and Records Administration (NARA) will retain identifiable UPIN assessment data for a total period not to exceed fifteen (15) years.

PECOS - There are specific retention and destruction plans. The system follows the standards set at the CMS data center.

MED - The data is housed on the CMS mainframe. There is currently no plan to destroy any MED data. Ever.

IRIS - The information is currently stored for an indefinite period of time on the CMS mainframe.

9. Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained.

In accordance with the requirements of the Privacy Act of 1974, a SOR, "Unique Physician/Practitioner Identification Number (UPIN) (formerly known as the Medicare Physician Identification and Eligibility System)," System No. 09-70-0525 was last published in the Federal Register, July 2003.

PECOS - This information collection is maintained under SOR 09-70-0532, which was specifically written for this collection.

System of Records No: 09-70-0524 – IRIS, 09-70-0517, 09-70-0008, 09-70-0530.

Endorse

_____/s/_____
J. Ned Burford
CMS Privacy Officer

Date 11/21/2003_____

Endorse

_____/s/_____
Timothy P. Love
Chief Information Officer

Date: _11/21/2003_____

Approve

_____/s/_____
Thomas A. Scully
CMS Administrator

Date: _11/21/2003_____